

MARYLAND MEDICAID
DENTAL FEE SCHEDULE
AND
PROCEDURE CODES
CDT 2009 - 2010*

REVISION July 2009

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Code	Description of CDT code	Fee	
D0100-D0999 Diagnostic			
Clinical Oral Evaluations			
D0120	Periodic Oral Examination	29.08	
D0140	Limited oral exam; problem focused	43.20	
D0145	Oral evaluation for a patient under three years of age	40.00	
D0150	Comprehensive oral exam; new or established patient	51.50	
D0160	Detailed and extensive oral evaluation; problem focused	43.20	
Radiographs/Diagnostic Imaging (X-Rays)			
D0210	X-ray intraoral complete series including bitewings	57	
D0220	X-ray intraoral periapical, single first film	9	
D0230	X-ray intraoral periapical each additional film	6	
D0240	X-ray intraoral occlusal film	9	
D0250	X-ray extraoral first film	24	
D0260	X-ray extraoral each additional film	18	
D0270	X-ray bitewing single film	9	
D0272	X-ray bitewing two films	15	
D0273	Bitewings, three films	18	
D0274	X-ray bitewing four films	22	
D0290	X-ray posterior, anterior or lateral skull facial bone survey film	32	
D0310	X-ray sialography	57	
D0320	TM joint arthrograph, including injection	96	
D0321	X-ray other temporomandibular joint	30	
D0330	X-ray panoramic maxilla/mandible film	42	
D0340	X-ray cephalometric film	42	PA
Tests and Examinations			
D0460	Pulp vitality test	10	
D1000-D1999 Preventive Care			
Dental Prophylaxis			
D1110	Prophylaxis, adult	58.15	
D1120	Prophylaxis, child	42.37	
Topical Fluoride Treatment (Office procedure)			
D1203	Topical application of fluoride - child through 13	21.60	
D1204	Topical application of fluoride - adult ages 14 thru 20	23.26	
D1206	Topical fluoride varnish; therapeutic application for moderate to high risk caries	24.92	
Other Preventive Services			
D1351	Sealants, per tooth (covered for occlusal surfaces of posterior permanent teeth without restorations of decay)	33.23	

Code	Description of CDT code	Fee	
Space Maintenance (Passive Appliances)			
D1510	Space maintainer fixed unilateral	84	
D1515	Space maintainer fixed bilateral	144	
D1520	Space maintainer removable unilateral	64	
D1525	Space maintainer removable bilateral	96	
D1550	Recementation of space maintainer	24	
D1555	Removal of fixed space maintainer	25	
D2000-D2999 Restorative			
Amalgam Restorations (including polishing)			
D2140	Amalgam 1 surface (primary or permanent)	70	
D2150	Amalgam 2 surfaces (primary or permanent)	88	
D2160	Amalgam 3 surfaces (primary or permanent)	104	
D2161	Amalgam 4 surfaces (primary or permanent)	104	
Resin-based composite restorations-direct			
D2330	Resin 1 surface (anterior)	84	
D2331	Resin 2 surfaces (anterior)	102	
D2332	Resin 3 surfaces (anterior)	125	
D2335	Resin 4 surfaces or incisal angle	151	
D2390	Resin based composite crown (anterior)	75	
D2391	Resin based composite one surface (posterior)	93	
D2392	Resin based composite two surfaces (posterior)	120	
D2393	Resin based composite three surfaces (posterior)	150	
D2394	Resin based composite four or more surfaces (posterior)	150	
Inlay/Onlay Restorations			
D2721	Resin with predominantly base metal	250	PA
D2750	Porcelain fused to high noble metal	375	PA
D2751	Porcelain fused to predominantly base metal	375	PA
D2752	Porcelain fused to noble metal	375	PA
D2790	Full cast high noble metal	292	PA
D2791	Full cast predominantly base metal	292	PA
D2792	Full cast noble metal	292	PA
Other Restorative Services			
D2910	Recement inlay, onlay or partial coverage restoration	25	
D2920	Recement crowns	25	
D2930	Prefab stainless steel crown, primary tooth	154	
D2931	Prefab stainless steel crown, permanent tooth	180	
D2932	Prefab resin crown	75	
D2933	Prefab stainless steel crown with resin window	81	
D2934	Prefab esthetic coated stainless steel crown, primary tooth	154	
D2940	Fillings (sedative)	18	
D2950	Core build up (includes pins)	81	
D2951	Pin retention, per tooth in addition to restoration	12	
D2952	Cast post and core in addition to crown	96	

Code	Description of CDT code	Fee	
D2954	Prefab post and core in addition to crown	70	
D2955	Post removal, not in conjunction with endo therapy	25	PA
D2960	Labial veneer (lamine) bonding	81	
D2961	Labial veneer (resin laminate) lab	81	
D2962	Labial veneer (porcelain laminate) lab	108	
D2970	Temporary crown	75	
D2980	Crown repair	93	BR

D3000-D3999 Endodontics

Pulp capping

D3110	Pulp cap direct (excluding final restoration)	15	
D3120	Pulp cap indirect (excluding final restoration)	15	

Pulpotomy

D3220	Therapeutic pulpotomy (excluding final restoration)	60	
D3221	Pupal debridement, primary and permanent teeth (not to be used by provider completing endodontic treatment)	70	

Endodontic Therapy on Primary Teeth

D3230	Pulpal therapy anterior primary tooth	96	
D3240	Pulpal therapy posterior primary tooth	115	

Endodontic Therapy (includes treatment plan, procedure and follow-up)

D3310	endodontic therapy, anterior tooth (excluding final restoration)	550	
D3320	endodontic therapy, bicuspid (excluding final restoration)	650	
D3330	endodontic therapy, molar (excluding final restoration)	748	

Endodontic Retreatment

D3346*	Retreatment of prior root canal, anterior	634	PA
D3347*	Retreatment of prior root canal, bicuspid	721	PA
D3348*	Retreatment of prior root canal, molar	829	PA

* Not covered when service is provided by the same provider or an associate within two years of original service.

Apexification/Recalcification Procedures

D3351	Apexification /recalcification initial visit	108	
D3352	Apexification /recalcification interim visit	67	
D3353	Apexification /recalcification final visit	67	

Apicometomy/Periradicular Services

D3410	Surgery, anterior	504	PA
D3421	Surgery, bicuspid	570	PA
D3425	Surgery, molar	659	PA
D3426	Surgery, each additional root	217	PA
D3430	Retrograde filling per root	100	PA
D3450	Root amputation per root	355	
D3470	Intentional reimplantation (includes splinting)	629	

Code	Description of CDT code	Fee	
Other Endodontic Procedures			
D3920	Hemisection (includes root removal)	221	
D4210-D4999 Periodontics			
Surgical Services, includes usual postoperative care			
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	108	PA
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth bounded spaces per quadrant	25	PA
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	108	PA
D4231	Anatomical crown exposure, one to three teeth per quadrant	25	PA
D4240	Gingival flap procedure, includes root planning four or more contiguous teeth or tooth bounded spaces per quadrant	63	PA
D4241	Gingival flap procedure, includes root planning one to three contiguous teeth or tooth bounded spaces per quadrant	75	PA
D4249	Clinical crown lengthening, hard tissue	150	PA
D4260	Osseous surgery, includes flap entry and closure, four or more contiguous teeth or tooth bounded spaces per quadrant	108	PA
D4261	Osseous surgery, includes flap entry and closure, one to three contiguous teeth or tooth bounded spaces per quadrant	150	PA
Non-Surgical Periodontal Service			
D4320	Provisional splint, intracoronal	90	PA
D4321	Provisional splint, extracoronal	100	PA
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	75	PA
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	54	PA
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	100	
Other Periodontal Services			
D4910	Periodontal maintenance	54	
D4920	Unscheduled dressing change by another dentist	24	PA
D5000-D5999 Prosthodontics (removable)			
Complete dentures (includes routine post delivery care)			
D5110	Complete maxillary	375	PA
D5120	Complete mandibular	375	PA

Code	Description of CDT code	Fee	
Partial dentures (includes post delivery care)			
D5211	Maxillary, resin based	225	PA
D5212	Mandibular, resin based	225	PA
D5225	Maxillary partial denture, flexible base, includes any clasps, rests and teeth	275	PA
D5226	Mandibular partial denture, flexible base, includes any clasps, rests and teeth	275	PA
Adjustments to Dentures			
D5410	Adjust complete denture, maxillary	20	
D5411	Adjust complete denture, mandibular	20	
D5421	Adjust partial denture, maxillary	20	
D5422	Adjust partial denture, mandibular	20	
Repairs Complete Dentures			
D5510	Repair broken complete denture base	40	
D5520	Replace missing of broken teeth (each tooth)	20	
Repairs Partial Dentures			
D5610	Repair resin denture base	63	
D5620	Repair cast framework	70	
D5630	Repair or replace broken clasp	63	
D5640	Replace broken tooth, no other repair	20	
D5650	Add tooth to existing partial denture	57	
D5660	Add clasp to existing partial denture	65	
Note: Aftercare is within the first 6 months following denture placement and is not reimbursable. Following the aftercare period these services may be provided once every two years.			
D5710	Complete maxillary denture (lab)	160	
D5711	Complete mandibular denture (lab)	160	
D5720	Maxillary partial denture (lab)	160	
D5721	Mandibular partial denture (lab)	160	
Relining			
D5750	Complete maxillary denture (lab)	150	
D5751	Complete mandibular denture (lab)	150	
D5760	Maxillary partial denture (lab)	150	
D5761	Mandibular partial denture (lab)	150	
Other removable Prosthetic Services			
D5850	Tissue conditioning maxillary (denture)	24	
D5851	Tissue conditioning mandibular (denture)	24	
D5860	Overdenture, complete	325	PA
D5861	Overdenture, partial	325	PA
Other Fixed Partial Denture Services			
D6930	Recement fixed partial denture per unit cemented	32	

Code	Description of CDT code	Fee	
D7000-D7999 Oral and Maxillofacial Surgery			
Extractions			
D7111	Extraction, coronal remnants, deciduous teeth	27	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removed)	103.01	
Note: Preauthorization is required for multiple extractions in hospitals (other than emergency conditions) and for extractions requiring replacements.			
Surgical Extractions			
D7210	Surgical removal erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	103.01	
D7220	Removal of impacted tooth, soft tissue	144	
D7230	Removal of impacted tooth, partially bony	211	
D7240	Removal of impacted tooth, completely bony	277	
D7241	Removal of impacted tooth, bony unusual	415	PA
D7250	Surgical removal of residual tooth roots (cutting)	103.01	PA
Other Surgical Procedures			
D7260	Oroantral fistula closure	125	PA
D7270	Tooth reimplantation and/or stabilization	64	PA
D7272	tooth transplantation	27	PA
D7280	Surgical access of an unerupted tooth	369	PA
D7285	Biopsy of oral tissue (bone, tooth)	85	PA
D7286	Biopsy of soft tissue	231	PA
D7290	Surgical repositioning of teeth	165	PA
Alveoloplasty - Surgical Preparation of Ridge			
D7310	Alveoloplasty in conjunction with extractions, four or more teeth or tooth spaces, per quadrant	90	PA
D7311	Alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	50	PA
D7320	Alveoloplasty no extractions, four or more teeth or tooth spaces, per quadrant	48	PA
D7321	Alveoloplasty no extractions, one to three teeth or tooth spaces, per quadrant	95	PA
Vestibuloplasty			
D7340	Ridge extension, secondary epithelialization	270	PA
D7350	Ridge extension, includes soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue	405	PA
Surgical Excision of Soft Tissue Lesions			
D7410	Radical excision of lesion up to 1.25cm	84	PA

Code	Description of CDT code	Fee	
Surgical Excision of Intra-Osseous Lesions			
D7440	Excision of malignant tumor, diameter up to 1.25cm	108	PA
D7450	Removal of benign odontogenic cyst or tumor, diameter up to 1.25cm	97	PA
D7451	Removal of benign odontogenic cyst or tumor, diameter greater than 1.25cm	125	PA
D7460	Removal of benign nonodontogenic cyst or tumor, diameter up to 1.25cm	95	PA
D7461	Removal of benign nonodontogenic cyst or tumor, diameter greater than 1.25cm	125	PA
*Use CPT codes for these procedures.			
Excision of Bone Tissue			
D7471	Removal of lateral exostosis	105	PA
D7472	Removal of torus palatinus	105	PA
D7473	Removal of torus mandibular	105	PA
Surgical Incision			
D7510	Incision and drainage of abscess, intraoral soft tissue	48	
D7520	Incision and drainage of abscess, extraoral soft tissue	68	
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	68	
Other Repair Procedures			
D7960	Frenulectomy, separate procedure	63	PA
D7970	Excision of hyperplastic tissue, per arch	27	
D7971	Excision of pericoronal gingiva	25	
D8000-8999 Orthodontics			
Comprehensive Orthodontic Treatment			
D8080	Comprehensive orthodontic treatment , adolescent dentition	1035*	PA
Other Orthodontic Services			
D8660	Pre-orthodontic treatment visit	150*	PA
D8670	Periodic orthodontic treatment visit (as part of contract)	75*	PA
D8692	Replacement of lost or broken retainer	140	PA
D8693	Rebonding or recementing and/or repairs of fixed retainers	0	
D8999	Unspecified orthodontic procedure	0	PA

***In order for orthodontic services to be covered by Maryland Medical Assistance, the following criteria must be met: Case must be considered severe with a score of at least 15 on an HLD scoresheet and in full permanent dentition. Criteria may be waived if a cleft palate or other oral anomaly is present.**

Code	Description of CDT code	Fee
D9000-D9999 Adjunctive General Services		
Unclassified Treatment		
D9110	Palliative (emergency) treatment of dental pain (Bill this procedure or the actual procedure rendered but do not bill both procedures.)	20
Anesthesia		
D9220	Deep sedation/general anesthesia, first 30 minutes	134
D9221	Deep sedation/general anesthesia, add. 15 minutes	74
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	18
D9241	Intravenous conscious sedation/analgesia, first 30 minutes	76
D9242	Intravenous conscious sedation/analgesia, add. 15 minutes	70
D9248	Non-intravenous conscious sedation	186.91
Professional Consultation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	48
Professional Visits		
D9410	House/extended care facility call	15
Miscellaneous Services		
D9910	Application of desensitizing medicament	10
D9940	Occlusal guard	150
D9941	Fabrication of athletic mouthguard	40
D9951	Occlusal adjustment, limited	33
D9952	Occlusal adjustment, complete	66

LEGEND

BR	By Report
NCSP	Not covered as a separate procedure
PA	Preauthorization required
0	Not reimbursable